DECEMBRATION FOR PAIGNI APPLICAL	ION AND AT	POINTMENT OF	F ATTORNEY

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled: METROD AND APPEARATUS FOR HEALTH SIGMS MONITORING

the specification of whic							
is attached was filed		A 15	dan Cariat Na		4		
	on(if applical		tion Serial No		, and '	was amende	ea on
			application (PCT) No.		an	d was amend	ded on
I hereby state that I ha							
amended by any amend							
examination of this appl							
benefits under Title 35,							
have also identified belo on which the priority is a		cation for patent or inv	entor's certificate havi	ng a filing o	late before th	at of the appli	ication
on whom the priority is	yannos.	. .					
			APPLICATION(S)				
Number		COUNTRY	DAY/MONTH/YEAI	FILED	PRIOR	TY CLAIMED	
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					Yes .	N•	
I hereby claim th	e benefit under Title	e 35, United States Co	ode, § 120 of any Unite	d States ap	plication(s) o	or PCT interna	ational
application(s) designation	-		•	-			
application is not disclose							
Code, § 112, I acknowle which occurred between							
APPLICATION NUMBER FILING DATE STATUS (Patented, Pending or Abandon							
	7,0312		J. 1.1.1.2	53.1000	francusta our	ing of riberation	
I hereby declare	that all statements i	made herein of my ow	n knowledge are true	and that all	statements r	nade on infor	mation
and belief are believed t							
the like so made are pur such willful false statem						tates Code, a	nd that
nounce or any	PAGENTE TABLE			41	. C. t. air air		
prosecute this application			our) attorneys, with func-				
Registration Number 35		business in the rate.	ii uu rugemak on	100 001111001	ou more than	. 11Juj / 1. Ju	
Send correspondence to:	JAGTIANI & As 10379-B Demo		Telephone calls to:	A 591 - 2 (703)	jay A. Jagtiar	tĪ	
	Fairfax, Virgin		,	(103) 331-2	.004		
	· ·						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Full Name of First or Sole Is	ventur		Citizenship				
TELLER, David			United States				
Residence Address - Street			Post Office Address Street				
538 Alameda del Pra	de	···	530 Alameda del P	rado			
City			Cay				
Novato			Novato				
State or Country	Zip		State or Country	Ziq			
California	94949	,	California		94949	<i>7</i>	
DATE ally	8 20c	9/	SIGNATURE	euu	Welld	7	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Ap	oplication of:)
TELLE	R, David)
Serial N	Number: To be assigned) Art Unit: To be assigned
Filed: (Concurrently Herewith) Examiner: To be assigned
For:	METHOD AND APPARATUS FOR HEALTH SIGNS MONITORING) Docket No.: BIRE-0002-1
Assistan	nt Commissioner for Patents	

Assistant Commissioner for Patents Washington, D.C. 20231

ASSOCIATE POWER OF ATTORNEY

Sir:

I hereby appoint Mark Guttag, Registration Number 33,057, and Steven Prewitt, Registration Number 45,023 as my associate attorneys in the above-captioned application, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent Office connected therewith.

However, please continue to address all future communications to the undersigned attorney at the following:

Ajay A. Jagtiani **JAGTIANI & ASSOCIATES** 10379-B Democracy Lane Fairfax, Virginia 22030

Respectfully submitted

Ajay X. Jagtiani Registration Number 35,205

August 9, 2001

JAGTIANI & ASSOCIATES
Democracy Square Business Center
10379-B Democracy Lane
Fairfax, Virginia 22030

(703) 591-2664

Applicant or Patentee:	Bio Remote	Docket #:	SMALL BUSINES BIRE-0002-1
Serial or Patent Number:	To be assigned	Examiner;	
Filed or Issued:	Concurrently herewith	Art Unit:	
For:	METHOD AND APPARATUS FOR HEALTH SIGNS MONITORING		

VERIFIED STATEMENT (DECLARATION) BY A SMALL BUSINESS CLAIMING SMALL ENTITY STATUS UNDER 37 C.F.R. §§ 1.9(F) A	CONCERN ND 1.27(C)	
I hereby declare that I am the owner of the small business concern identified below: an official of the small business concern empowered to act on behalf of the concern identified below:	entified below;	
Name of Concern: Bio Remote		
Address: 530 Alameda del Prado, Novato, California 94949		
l hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.		
I hereby declare that rights under contract or law have been conveyed to and remain with the small above with regard to the matter described in: The specification filed herewith, with the title as listed above. The patent application identified above. The PCT International patent application identified above. The patent number identified above. If the rights held by the above identified small business concern are not exclusive, each individually rights to the invention must file separate verified statements everying to their status as good	dual, concern or organization	
having rights to the invention must file separate verified statements averring to their status as small invention are held by any person, other than the inventor, who would not qualify as an indeper 1.9(c) if that person made the invention, or by any concern who would not qualify as a small but 1.9(d), or a nonprofit organization under 37 CFR 1.9(e). Each person or organization having any ribelow: \[\begin{array}{c} \text{No such person, concern or organization.} \end{array} \] Each such person, concern or organization as listed below:	ident inventor under 37 CFR	
Pint, Nasar	☐ Individual	
	□Small Business Concern	
ADDRESS	☐ Nonprofit Organization	

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which the verified statement is directed.

NAME AND TITLE	DATE
David Teller, Managing Partner	Qua 10 2001
ADDRESS Bio Remote 530 Alameda del Prado Novato, California 94949	Saved Leller